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\*\* CONTINUING DATA \*\*\*\*\* *N/A pm*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *N/A pm*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 2	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

## ADDRESS

30024

## TITLE

Mobile remote monitoring and diagnostics and method

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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